

BEST AVAILABLE COPY

09 / 889867

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 889867	RECEIPT DATE:	07 / 20 / 01
IA NUMBER: PCT/	AU00 / 00032	IA FILING DATE:	01 / 20 / 00
FAMILY NAME:	MORTON	DELAY WAIVED (Y/N):	<input checked="" type="checkbox"/>
GIVEN NAME:	HALLE	DEMAND RECEIVED (Y/N):	<input checked="" type="checkbox"/> - ∞
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 20 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	999710000008	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	KATE H MURASHIGE		
	MORRISON & FOESTER		
STREET:	3811 VALLEY CENTER DRIVE SUITE 500		
CITY:	SAN DIEGO		
STATE/COUNTRY:	CA	ZIP:	921302332
EMAIL:			
APPLICATION TITLES:			
	CHAPERONIN 10 AND BETA-INERFERON THERAPY OF MULTIPLE SCLEROSIS		

TAB TO LAST POSITION, PUSH SEND